



115#1800

09 FS-1

Rhode Island Ethics Commission

2009 YEARLY FINANCIAL STATEMENT

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RHODE ISLAND
ETHICS COMMISSION
10 JUL 28 AM 11:05

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2009 THROUGH DECEMBER 31, 2009
UNLESS OTHERWISE SPECIFIED.

**PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO
STATE. ANSWERS SHOULD BE PRINTED OR TYPED**, and additional sheets may be used if more space is needed.
For clarification of any question, read instruction sheet.

Note: If you are a state or municipal official or employee who is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2009 Yearly Financial Statement in the mail but believe you did not hold a public position in 2009 or 2010 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. ALGERIA Ronald P
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 66 CROSS ST WESTELY 02891
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

None
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

None
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on _____ I was appointed on _____ I was hired on _____
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation _____

4. List elected office(s) for which you were/are a candidate in either calendar year 2009 or 2010 (Read instruction #4)

Governor 2010

5. List the following: NAME OF SPOUSE

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2009. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY
MEMBER EMPLOYED

Ronald Algieri

NAME AND ADDRESS
OF EMPLOYER OR OCCUPATION

Westerly Hospital
25 Wells St Westerly RI 02891

DATES AND NATURE
OF SERVICES RENDERED

1/1/09 - Present
Pharmacy Technician/CNA
Employed at Hospital since
2/07

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

None

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST:

None

NAME OF TRUSTEE AND ADDRESS:

NAME OF FAMILY MEMBER
RECEIVING TRUST INCOME:

ASSETS:

9. List the name and address of any business organization or other entity, whether for profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

None

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2009 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY
MAKING GIFT OR CONTRIBUTION

N/A (Per Michelle Bers)

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

None

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2009 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE
OF TRANSACTION

~~N/A~~

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

~~N/A~~

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JAN 5 2010
JAN 5 2010~~

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)
AND DATE ACQUIRED AND/OR DIVESTED

None

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2010 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS
OF BUSINESS

DESCRIPTION OF INTEREST
DATE ACQUIRED AND/OR DIVESTED
(DO NOT INCLUDE AMOUNT)

NAME OF STATE
OR MUNICIPAL AGENCY

None

16. If you, your spouse or dependent child were indebted in an amount in excess of \$1,000 to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

None

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2009 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.

Ronald Algieri

SIGNATURE

State of Rhode Island
County of

Washington

Subscribed and sworn to before me at

Westerly

this

22th

day of

July

20 10

GALE L. DEFANTI
Notary Public

My Commission expires:

My Commission Expires

5/6/14

Gale L. DeFanti

SIGNATURE OF NOTARY PUBLIC

THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.

GENERAL OFFICER ADDENDUM
TO 2009 FINANCIAL DISCLOSURE STATEMENT

If you hold, or are a candidate for, a statewide general office (Governor, Lieutenant Governor, Secretary of State, Attorney General, General Treasurer), list all sources and amounts of income in excess of two hundred dollars (\$200), you received during calendar year 2009. R.I. Gen. Laws § 36-14-17(b)(2).

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source:

WESTERLY HOSPITAL

Address:

WELLS ST

WESTERLY RI 02891

Description:

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☒ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

SOURCE AND DESCRIPTION OF INCOME:

AMOUNT OF INCOME:

(check one)

Name of Source:

Address:

Description:

☐ Not more than \$1,000

☐ \$1,001 to \$10,000

☐ \$10,001 to \$25,000

☐ \$25,001 to \$50,000

☐ \$50,001 to 100,000

☐ \$100,001 to \$200,000

☐ \$200,001 to \$500,000

☐ \$500,001 to \$1,000,000

☐ More than \$1,000,000

I certify under penalty of perjury that the information contained on this form, and on any attachments, is a complete and accurate listing of the sources and amounts of income exceeding \$200 that I received in calendar year 2009.

State of Rhode Island

County of Washington

Signed

Date

Ronald Albino 7/27/10

Subscribed and sworn to before me at

Westerly

on the following date:

7/27/2010

My Commission Expires:

GALE L. DEFANTI

Notary Public

My Commission Expires 5/6/14

Signature of Notary Public

Gale L. DeFanti

(Attach additional sheets if necessary)